## Utah Bureau of Emergency Medical Services Course Coordinator CHECKLIST



| DONE✓  | 30-90 Days Before the course submit to BEMS                    | NOTES  |
|--------|--|--|
|        | POLICIES   | BEMS must have a signed course coordinator contract, ADA         |
|        |  | policy, and harassment policy.                                   |
|        | COURSE REQUEST   | All request documents must be received 30-90 days before start   |
|        | COURSE REQUEST   | date or a late fee will be assessed.                             |
|        | COURSE SCHEDULE  | Must meet the training standard                                  |
|        | COURSE REQUEST FEE   | \$25 for EMD, all other levels \$100                             |
| DONE ✓ | Within 30 days of the start of the course submit to BEMS       | NOTES  |
|        |  | All course documents filled out completely, signed and notarized |
|        | STUDENT APPLICATIONS   | for all students must be received within 30 days after the start |
|        |  | date or a late fee will be assessed.                             |
|        | PICTURES   | PHOTO, or JPEG with all students names labeled                   |
|        | FINGERPRINTS   | LIVESCAN for anyone who has lived out of Utah in the last five   |
|        | PINGERFRINTS   | years.   |
|        | DECLARATION OF UNDERSTANDING                                   | Completed, signed, and notarized                                 |
|        | ACKNOWLEDGEMENT OF POLICIES                                    | Completed and signed   |
|        | TB TEST  | MUST BE WITHIN THE LAST YEAR                                     |
|        | PAY FEES   | All fees must be paid  |
| DONE ✓ | Within 30 days of the start of the course provide to students  | NOTES  |
|        | Student Handbook, TTGs, textbooks, etc.                        | See course coordinator manual for complete list                  |
| DONE ✓ | Within five day of the completion of the course submit to BEMS | NOTES  |
|        | LETTER OF RECOMMENDATION                                       | For students who have completed all training requirements. Must  |
|        |  | be signed by Course Coordinator and Medical Director.            |
|        |  |  |
|        | NON RECOMMENDATION LETTER                                      | Non-recommendation letter where applicable. Every student        |
|        |  | must be accounted for on one of the two letters.                 |
|        | FINAL COURSE SCHEDULE  | Only if there was a change from original schedule                |
|        | RETURN ALL RENTAL EQUIPMENT                                    | Pay all rental fees where applicable                             |
| DONE ✓ | Retention of records   | NOTES  |
|        | RETAIN RECORDS FOR SEVEN YEARS                                 | For questions reference the Course Coordinator manual or call    |
|        |  | Travis Scoresby at 801-538-9133.                                 |